



Application for Designation as Seasonal Employer

Completion of this form is voluntary.

1. PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOUR BUSINESS:

Name of Employer: _____ UC Employer Number: _____
DBA: _____ FEIN Number: _____
Mailing Address: _____ Date You Began Business in Michigan: _____
City, State, Zip: _____ SIC Code: _____
(For UC Use Only)

2. PLEASE COMPLETE THE FOLLOWING TABLE:

If you have operated this business in Michigan for at least 1 season, give the beginning and ending dates of your seasonal work periods for each season you have operated, up to 5 seasons; also give the total number of workers you employed in Michigan during each of those seasonal work periods, and the total number of workers you employed in Michigan during the week the season ended and the prior 51 weeks. Count all workers regardless of how few days or hours they may have worked for you during the season. You may designate a normal seasonal work period, in the space provided below the table, or one will be assigned by the BW&UC based either on the earliest beginning and latest ending dates you have provided or, if that is more than 26 weeks, then based on your most recent seasonal work period.

If you have already been designated as a seasonal employer and wish to change your seasonal work period, please check here. ☐

If you have not operated this business before in Michigan, disregard the table; instead, indicate your expected normal seasonal work period, up to 26 weeks. From _____ to _____.

PAST 5 COMPLETED SEASONS	DATE SEASON BEGAN (Month, Day, Year)	DATE SEASON ENDED (Month, Day, Year)	NUMBER OF SEASONAL WORKERS	TOTAL WORKERS IN 52 WEEKS INCLUDING THE WEEK EACH SEASON ENDED
Last Season				
2 Seasons Ago				
3 Seasons Ago				
4 Seasons Ago				
5 Seasons Ago				

Within the period from the earliest beginning date of any season to the latest ending date of any season, shown above, what period (up to 26 weeks) do you wish to designate as your normal seasonal work period? From _____ to _____.

3. CERTIFICATION:

I certify that the information I have given on this application form is accurate and complete to the best of my knowledge and belief. I understand that the designation of this employer as seasonal can be revoked if information on this form is inaccurate, and that criminal penalties under Section 54 of the *Michigan Employment Security Act* can be imposed if false statements or misrepresentations are made on this form.

Signature of person completing this application

Date of Signature

Printed or typed name of person completing this application

Telephone No.

**THE LAW REQUIRES THE EMPLOYER TO POST A COPY OF THIS COMPLETED APPLICATION
IN A PLACE WHERE ALL WORKERS CAN SEE IT, AND TO SUBMIT THE ORIGINAL TO THE BW&UC,
AT THE ADDRESS ABOVE, NOT LESS THAN 20 DAYS BEFORE THE SEASON WILL BEGIN.**